



## *St. Marys Catholic Elementary School*

114 Queens Road | St. Marys, PA 15857

Ph: 814-834-4169 | Fax: 814-834-7830

## *St. Marys Catholic Middle School*

600 Maurus Street | St. Marys, PA 15857

Ph: 814-834-7800 | Fax: 814-781-3441

# Application Form

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*Dear Parents/Guardians,*

*Thank you for your interest in a Catholic school in the Diocese of Erie where excellence in education is a tradition. With faith in Jesus Christ and commitment to living and teaching Gospel values, we educate the student spiritually, intellectually, emotionally, physically and socially.*

*Please complete this application and return it to the school office. Once all necessary documents have been received, your application will be reviewed and you will be contacted. All information will be held confidential according to the Family Educational Rights and Privacy Act (FERPA) regulations. Completion of this application does not guarantee enrollment. In addition, it should be noted that based on a review of the data received through this application process, the student may be accepted on a provisional basis for a specified time period.*

*Thank you again for your interest in Catholic education.*

*Rev. Nicholas J. Rouch*

*Vicar for Education*

Please **PRINT** all information.

## CHILD INFORMATION

Date \_\_\_\_\_

Name: \_\_\_\_\_ Male ☐ Female ☐ Grade Child Will Be Entering: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Certificate No. \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Month Day Year City State

Address: \_\_\_\_\_  
House No. Street Apt. No. Lot No. City State Zip Home Phone # Cell Phone #

Child lives with: Both Parents ☐ Mother ☐ Father ☐ Other ☐ Relationship: \_\_\_\_\_ Legal Custody with: \_\_\_\_\_  
(Must provide court papers)

Baptism: \_\_\_\_\_  
Date Church Location Certificate Verified

First Eucharist: \_\_\_\_\_  
Date Church Location Certificate Verified

Public School District of Residence: \_\_\_\_\_ School Last Attended: \_\_\_\_\_ from Grade \_\_\_\_\_ to Grade \_\_\_\_\_  
Name Address City State Zip

List all schools the child has previously attended:	Grade(s):	Year(s):

Did child ever repeat a grade? No ☐ Yes ☐  
Does child have difficulty learning? No ☐ Yes ☐  
Does child have any behavioral problems? No ☐ Yes ☐

List all auxiliary services child has received (e.g. Title I, Speech Therapy, Act 89): \_\_\_\_\_

Check all special programs child has attended: ☐ Counseling ☐ Early Intervention ☐ ELL/ESL ☐ Emotional Support ☐ Gifted ☐ Learning Support  
☐ Life Skills ☐ Mental Health ☐ Remedial ☐ Wraparound ☐ Other \_\_\_\_\_

Has child previously been offered an Individualized Education Program (IEP)? No ☐ Yes ☐ If yes, list date/grade: \_\_\_\_\_  
Chapter 15 – 504 Plan? No ☐ Yes ☐ If yes, list date/grade: \_\_\_\_\_

What language(s) does the child speak? \_\_\_\_\_ What language is spoken in the home? \_\_\_\_\_

## FAMILY INFORMATION

	First/Last Name	Address	Home Phone #	Place of Employment	Work Phone #	Contributing Parishioner Of
Father						
Mother						
Step-Parent						
Step-Parent						
Other						

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

### Child's Physical Description at Time of Application

Eye Color:	Hair Color:
Height:	Weight:

## HEALTH INFORMATION

Original immunization records are required. The school will make copies to insert in the application.

Does child have health insurance coverage? No ☐ Yes ☐

Name of Physician or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has child ever had surgery? No ☐ Yes ☐

Type of operation: \_\_\_\_\_ Date: \_\_\_\_\_

Does child have allergies? No ☐ Yes ☐ Type: \_\_\_\_\_

Allergy Medication: \_\_\_\_\_

Does child have allergies to any medication? No ☐ Yes ☐ Type: \_\_\_\_\_

List prescription medications child is currently taking: \_\_\_\_\_

Medical Conditions: Diabetes: No ☐ Yes ☐ Heart Problems: No ☐ Yes ☐

Epilepsy: No ☐ Yes ☐ Asthma: No ☐ Yes ☐

Other: \_\_\_\_\_

Records were copied on: \_\_\_\_\_

Date

Initials: \_\_\_\_\_

## OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

Please check No or Yes if your child has received any of these services. If Yes, please briefly describe.

Special Educational Program: No ☐ Yes ☐ \_\_\_\_\_

Early Intervention Program No ☐ Yes ☐ \_\_\_\_\_

Educational History: No ☐ Yes ☐ \_\_\_\_\_

Developmental History: No ☐ Yes ☐ \_\_\_\_\_

Psychological History: No ☐ Yes ☐ \_\_\_\_\_

Medical History: No ☐ Yes ☐ \_\_\_\_\_

Physical Conditions: No ☐ Yes ☐ \_\_\_\_\_

Other: No ☐ Yes ☐ \_\_\_\_\_

By placing my/our signature(s) below, I/we verify that all information is accurate and complete. I/We realize that failure to provide accurate information about my/our child may jeopardize enrollment at this school. I/We further verify that no information has been omitted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

### For School Use Only

- ☐ REGISTRATION ACCEPTED  
☐ REGISTRATION PROVISIONALLY ACCEPTED  
☐ REGISTRATION DENIED

\_\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

**Pennsylvania School Code 13-1304-A states in part: "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person, or for any act of violence committed on school property."**

Please complete the following:

I hereby swear or affirm that my child \_\_\_\_\_, was ☐ was not ☐  
previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property.

School from which student was suspended/expelled: \_\_\_\_\_

Dates of suspension/expulsion: \_\_\_\_\_

Reason(s) for suspension/expulsion: \_\_\_\_\_

I understand that this form shall be maintained as part of the student's disciplinary record. I further understand in making this statement that I am subject to penalties under 24 P.S. 13-1304-A9b and 18 Pa.C.S.A.4904 relating to falsification to authorities, and that any willful false statement made on this form shall be a misdemeanor of the third degree.

I swear or affirm that the facts contained herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date